



COVER PAGE
 Jarrell Education Foundation
 Innovative Classroom Funding Application

APPLICANT INFORMATION
Grant Type:
Submitted By:
Title:
Campus:
Phone:
Email Address:
PROPOSED PROJECT SUMMARY
Title of Proposed Project:
Brief Project Description:
Number of Students to be Served:
Grade Levels to be Served:
Subject(s):
Number of Staff to be Served:
Is this request for a new item or a replacement item?
Anticipated Date of Implementation:
Anticipated Date of Completion:
Anticipated Evaluation Date:
BUDGET SUMMARY
Total Project Budget: \$
Total Dollar Amount Requested: \$
Percentage of Requested Funds to Total Project Budget:
Funding From Other Sources: \$

Applicant Signature _____ Date _____

Principal Signature _____ Date _____

Technology Director Signature _____ Date _____

**Jarrell Education Foundation
Innovative Classroom Funding Application**

NOTE: Cover Sheets will be removed prior to application review. All proposals are reviewed anonymously. Do NOT include staff names in the application. Please print, sign, and deliver to Vanessa Ashcraft no later than 4:30 PM on March 13th.

PROJECT SUMMARY
Grant Type:
Title of Proposed Project:
Number of Students to be Served:
Grade Levels to be Served:
Subject(s):
Number of Staff to be Served:
Is this a request for a new item or replacement item?
PROJECT TIMELINE SUMMARY
Anticipated Start Date of Implementation:
Anticipated Date of Completion:
Anticipated Evaluation Date:
BUDGET SUMMARY
Total Project Budget: \$
Total Dollar Amount Requested: \$
Percentage of Requested Funds to Total Project Budget:
Funding From Other Sources (Please state the source and the amount): \$

1. Please explain the need this project will address. Describe how this project is innovative, creative or unique. (No more than 200 words) **(20 points)**

2. In what way, if any, is the identified project compatible with JISD goals? Please identify the specific goal(s) and briefly explain how the project is compatible. (No more than 50 words) **(10 points)**

7. Please use the space below to detail the budget for requested project funds in order of priority. Applications with incomplete budget detail will be disqualified. Include specific information, such as what materials, equipment, training, shipping, warranty, subscriptions, or replacement parts may be needed. If this application is approved, all unused monies will be returned to the Jarrell Education Foundation at the conclusion of your project. **(10 points)**

NOTE:

- *Actual quotes obtained do not need to be attached to this proposal.*
- *If this project is approved, receipts of all expenditures and proof of payment must be attached to a written final evaluation and submitted to the foundation upon completion of the project.*
- *All materials and equipment funded through the foundation remain the property of JISD.*

Item	Vendor	Unit Cost	Quantity	Total Cost
GRAND TOTAL				\$